

# Partners...

A Newsletter for Partners and Providers of Early Detection Works  
Kansas Breast and Cervical Cancer Screening & Detection Program  
Summer 2004

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## Regional Nurses

### Northeast

Heidi Weicken, BSN  
785-573-6733

### North Central

Lynette Blomberg, RN  
785-452-6361

### South Central

Sherry Haworth, BSN  
316-660-7332

### Southeast

Paula Gilmore, RN  
620-2235-7136

### West

Shelly Nelson, BSN  
620-275-5302

## Early Detection Works

Toll-free Hotline  
1-877-277-1368

## Director's Message...

The Early Detection Works (EDW) program is entering a new grant year and KDHE staff sincerely appreciates the timely submission of forms. If you still have forms for services provided between July 1, 2003, and June 30, 2004, please submit them to your Regional Nurse as soon as possible as we must close payments for the fiscal year.

The EDW staff has received numerous inquiries regarding eligibility for women with insurance. The present policy is to accept women into this program if they have a high, *unmet* deductible, or have no insurance coverage for breast or cervical services. The program does not cover "co-pays" and cannot accept women enrolled in an HMO (Health Maintenance Organization). If you have questions about eligibility, please contact your regional nurse, or call our toll free number 1-877-277-1368 for clarification.

As you complete the enrollment forms, please note the section requesting race/ethnicity data. This is important information for the program, and due to recent changes in data collection requirements, it is imperative that this be completed correctly. Although no names, social security numbers, addresses or other identifying information are ever reported to CDC, we are required to report certain data elements. CDC reviews these data elements and reports back to us on the collection and quality of data. Generally, Kansas data reported is of high quality and KDHE receives excellent reviews. Unfortunately, the most recent data submission indicated that race/ethnicity are not being reported as consistently and as accurately as it should. Race/ethnicity data should be self-reported, but, if self-reporting is not practical, observation is acceptable within the new guidelines.

During the last six months, the Kansas Comprehensive Cancer Partnership has been working diligently to determine the steps needed to reduce the burden of cancer in Kansas. The Partnership works within four committees: Prevention, Screening and Early Detection, Diagnosis and Treatment, and Survivorship or End of Life Care. Sixty-five people have spent numerous hours in teleconferences, conducting research and meeting within their groups to determine the strategies and activities to be included within a plan for Kansas. The Partnership met June 29-30 in Topeka to provide their reports and to recommend content for the developing plan. The plan draft should be ready for comments this fall, with the distribution planned for February 2005.

*Janet Neff, Director  
Cancer Prevention and Control Program*

### Welcome!

It is our pleasure to welcome Patrice O'Hara as the Cancer Program Manager at KDHE. Pati's duties will be split between the Early Detection Works and Comprehensive Cancer Program with her focus on grant applications, budgets, public information and comprehensive cancer partnership participation.

Pati worked at KDHE in the late 1970s and early 1980's. She has also worked with the Department of Commerce and for almost 20 years worked at Kansas Department of Transportation with the safety program. Her expertise is in public information, partnerships, funding, and grants administration. Welcome, Pati!

### EDW Goals: Rescreening and Recruitment

The Early Detection Works (EDW) program is designed to detect breast and cervical cancers early, at the most treatable stage. For breast cancer, this means rescreening women regularly with clinical breast examinations (CBEs) and mammograms. In the case of more slowly developing cervical cancer, the emphasis is still on bringing in women for regular pelvic examinations and Pap tests, but strong emphasis also is placed on looking for women who haven't been examined for five years or more. We recently evaluated our Early Detection Works program for both of these parameters.

To calculate breast cancer rescreening rates, we took all the women screened in a one-year period with clinical breast exams (CBEs) and mammograms, and then looked to see how many of these women received a second screening mammogram within the next 18 months. The results showed that in our EDW population, 906 out of 2,265 women with a mammogram in the initial period were rescreened in our program, a rate of 40 percent. While this is comparable to present national rates, our goal for next year is a rescreening rate of 50 percent, with an eye to gradually increasing to the ultimate national goal of 60

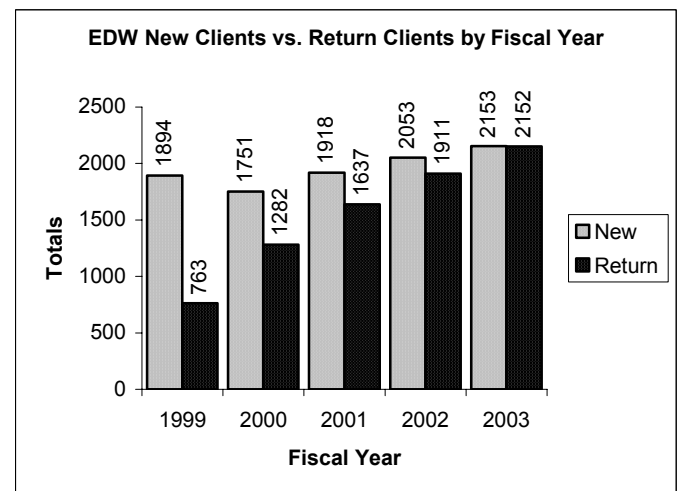
percent.

For cervical cancer, we determined the number of 'never or rarely screened' women in 2003 (who had not had a pelvic examination and a Pap test in the last five years) and divided by the total number of women with Pap tests in the same period. For cervical cancer, we found that 805 of 3,669 (22 percent) of our Pap tests in 2003 were in women who were 'never or rarely screened'. This exceeds the national goal of 20 percent, but we are aiming for 25 percent for next year in our program.

By focusing on regular cancer screening and finding those women who haven't been seen in the recent past, we hope to improve early detection rates and reduce the burden of breast and cervical cancer in Kansas.

*Dean Samuelson, MD, MPH  
Research Associate*

### More Women Returning to EDW



*This chart illustrates the proportion of EDW clients newly enrolled versus those returning for annual services. The number of new clients is derived from the number of initial clinical breast exams performed for the years 1999 through 2003. Women are included as return clients if they received breast and/or cervical services in a year subsequent to the program enrollment year. Over time, the proportion of women returning to be rescreened through Early Detection Works has increased greatly.*

## Tea Parties Presented at National Komen Foundation Conference



*Paula Gilmore, RN, answers questions at the national Susan G. Komen Breast Cancer Foundation Conference.*

Paula Gilmore, regional nurse for Southeast Kansas, was invited to present at the national Susan G. Komen Breast Cancer Foundation conference in New York City this June.

Paula told an enthusiastic audience about her “Women Caring 4 Women Tea Parties,” held with the help of a Komen grant. These parties invite women to learn about the importance of breast self exams in a fun and relaxed setting featuring Republic of Tea products, including marmalade for the crumpets. Republic of Tea donates approximately 10 percent of proceeds to Komen for breast cancer research. Women who attend the events receive a sampler of teas and a “Women Caring 4 Women” mug, as well as Susan G. Komen materials on breast care. The tea parties have been popular with rural women in church communities as well as the other settings in which Paula offers them.

## Ask Cancer Information Service

### **Q: Does physical activity reduce our cancer risk?**

**A:** Researchers have found a firm link between physical activity and a reduced risk of cancers of the colon and breast. Some research also has

suggested that exercise lowers the risk of cancers of the prostate, lung, and endometrium (lining of the uterus). Physical activity also reduces the risk of developing heart disease, high blood pressure and diabetes. It helps control weight and keeps bones, muscles and joints healthy. Regular exercise may promote a sense of well-being.

Despite these benefits, recent studies show that more than 60 percent of Americans are not active enough. The Centers for Disease Control and Prevention recommends that adults exercise moderately for 30 minutes five or more days a week, or exercise vigorously for 20 minutes three or more days weekly.

The CDC offers these tips for becoming more active

- Play with children or pets.
- Walk with friends during breaks at work and on weekends.
- Do gardening or home repairs.
- Exercise on a treadmill or stationary bicycle while watching TV.

For more information on becoming physically active, visit the CDC site at [www.cdc.gov](http://www.cdc.gov) and click on Physical Activity.

*This article was provided by the Cancer Information Service. “Ask the CIS” is distributed by the Heartland CIS.*

## Obesity May be Barrier to Cancer Screening

A paper published recently in the *Annals of Internal Medicine* suggests that overweight and obesity may constitute an unrecognized barrier to breast and cervical screenings.\* Among women age 50-74, overweight and obese women have lower screening rates. The authors were unsure why this might be. Lower weight may reflect a healthier lifestyle or heavy women may experience more discomfort during pelvic exams and mammography. Overweight and obese women have higher mortality rates from breast and cervical cancer and should be encouraged to have screenings.

\*Wee CC, McCarthy EP, Davis RB, Phillips RS. “Screening for Cervical and Breast Cancer: Is Obesity an Unrecognized Barrier to Preventive Care?” *Ann Intern Med.* 2000 May 2;132(9):697-704.

*Department of Dietetics and  
Nutrition*



Kansas Masonic  
Cancer Research Institute  
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***Optimal Nutrition for  
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[www2.kumc.edu/sah/dn/index.html](http://www2.kumc.edu/sah/dn/index.html)

**Professional Education**

We are pleased to announce that the Northeast Regional Nurse, Heidi Weicken, RN, has received her Breast Specialist Certification. Heidi plans to offer a schedule of trainings for her providers in the Northeast region teaching the "Vertical Strip Method" of breast exam.

Please contact Heidi if you are interested in participating in one of her trainings. She may be reached at 913-573-6733 or [hweicken@wycokck.org](mailto:hweicken@wycokck.org).  
*Cindy Hasvold, RN*

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